

KOOTENAY ORCHARDS ELEMENTARY SCHOOL

1301 - 20th Avenue S., Cranbrook, B.C. V1C 6N5
Ph: (250) 426-8551 Fax: (250) 426-8441

Kootenay Orchards Elementary 2026-2027 Kindergarten Registration Package

Dear Parents/Guardians,

We are excited to welcome your child to Kootenay Orchards for the 2026-2027 School Year.

Please complete the enclosed forms and provide photocopies of the documents requested. In order for your child to be registered for September 2026, we require that the registration package is completed in full.

Registration will open Monday, February 2nd. Packages will be accepted at the school office starting at 8:00 am.

Registrations will be reviewed and approved based on the School District's Administrative Procedures for Student Registration Enrollment & Placement.

If you have any questions or require help to complete the forms, please contact our school office at (250) 426-8551.

Yours Truly,

Carissa Hart
Principal

Before you begin:

Visit the School District #5 School Locator webpage to determine which catchment area school your child should be attending.

“Catchment Area Student” means a person of school age, who is a resident in the School District, and is ordinarily a resident within the Catchment Area of the school.

“Non-Catchment Area Student” means a person of school age, who is a resident in the School District, and not a resident in the Catchment Area of the school.

Please note that proof of residency within the Kootenay Orchards’ catchment is required. Please see below for a list of acceptable proof of residency documents.

Registration Package Forms to Complete

Main Forms – *The forms listed below are required and must be completed in full.*

- School District #5 - Student Registration Form
- Personal Information Consent Form
- Notice to Parents and Students: Outside Media in Schools Form
- Information and Communication Technology and Technology Services – Student Use Agreement Form
- Request for Consent – Anti-Spam Legislation Form

Photocopied Documents Required

Please provide a copy of:

- **Student Identification (Please provide one)**
 - Birth Certificate
 - Passport
 - BC Identification
- **BC Services Card (Health Care Card)**
- **Proof of Residency (Please provide one)**
 - Parents Drivers’ License
 - Mortgage Statement
 - Proof of Purchase
 - Rental Agreement
 - Utility Bill

Additional Information

For students who will need to take the bus or have an allergy or life-threatening condition, the school secretary will follow-up with parents to collect additional information.



School District 5 (Southeast Kootenay)
Student Registration Form
KOOTENAY ORCHARDS ELEMENTARY



The information collected on this form will be protected consistent with the Freedom of Information and Protection Act

Catchment School: _____

Requested/Placed School: _____

STUDENT INFORMATION	ADDRESS INFORMATION
Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Street Address _____
Preferred Gender _____	_____ Apt. No. _____
Legal Last Name _____	City _____ BC
Legal First Name _____	Postal Code _____
Legal Middle Name _____	Proof of Residency <input type="checkbox"/> _____
Usual Last Name _____	Mailing Address (if different from above) _____ _____
Preferred First _____	
Date of Birth _____ (DD/Month/Year ie 24 May 2005)	Is bussing needed? Y <input type="checkbox"/> N <input type="checkbox"/>
Proof of Age/Legal Name Received and on File	Permission to walk home? Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Birth Certificate	(If yes, please request a school district transportation form)
<input type="checkbox"/> Certificate of Citizenship	ADMISSION INFORMATION
<input type="checkbox"/> Court Order	Have you previously attended a BC School or BC StrongStart?
<input type="checkbox"/> Driver's Licence	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Immigration Canada documents	Last School Attended _____
<input type="checkbox"/> Passport	City & Province _____
<input type="checkbox"/> Certificate of Status (Status Card)	
Main Phone _____	
Unlisted Y <input type="checkbox"/> N <input type="checkbox"/> Grade _____	

PARENTS/GUARDIANS (extra sheets are available if needed)	PARENTS/GUARDIANS
First Name _____	First Name _____
Last Name _____	Last Name _____
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Relationship to Student _____	Relationship to Student _____
Contact can pick up Student: Y <input type="checkbox"/> N <input type="checkbox"/>	Contact can pick up Student: Y <input type="checkbox"/> N <input type="checkbox"/>
Living with Student Y <input type="checkbox"/> N <input type="checkbox"/>	Living with Student Y <input type="checkbox"/> N <input type="checkbox"/>
Same as Student Address Y <input type="checkbox"/> N <input type="checkbox"/>	Same as Student Address Y <input type="checkbox"/> N <input type="checkbox"/>
Address _____	Address _____
City & Province _____	City & Province _____
Postal Code _____	Postal Code _____
Main Phone _____	Main Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____
Work Phone _____ Ext. _____	Work Phone _____ Ext. _____
Employed at _____	Employed at _____



School District 5 (Southeast Kootenay)
Student Registration Form
KOOTENAY ORCHARDS ELEMENTARY

CUSTODY/GUARDIANSHIP/ACCESS

Are there any legal documents in force re: custody/guardianship/access? Y ☐ N ☐

If so, please briefly explain _____

Have you provided a copy of these legal documents to the school? Y ☐ N ☐

EMERGENCY CONTACT INFORMATION #1

First Name _____

Last Name _____

Relationship to Student _____

Contact can pick up Student: Y ☐ N ☐

Main Phone _____

Cell Phone _____

Email _____

Work Phone _____

EMERGENCY CONTACT INFORMATION #2

First Name _____

Last Name _____

Relationship to Student _____

Contact can pick up Student: Y ☐ N ☐

Main Phone _____

Cell Phone _____

Email _____

Work Phone _____

SIBLING INFORMATION

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Last Name				
First Name				
Relationship				
Date of Birth DD/Month/Year				
School				
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>

MEDICAL INFORMATION

Care Card Number _____

Allergies and Conditions _____

Are any of these conditions life threatening? Y ☐ N ☐

Life Threatening Condition _____

If yes, please request the following forms:

- *Medical Alert Planning Form (AP 316 Form 316-1)*
- *Request for Administration of Medication at School (AP 316, AP 316 Appendix Form 316-2)*
- *Anaphylaxis Emergency Action Plan (AP 317 Form 317-1) Allergies and Life-Threatening Allergies in School)*



School District 5 (Southeast Kootenay)
Student Registration Form
KOOTENAY ORCHARDS ELEMENTARY

IMMIGRATION/CITIZENSHIP	STATUS PROGRAMS
Country of Birth _____	Aboriginal Language & Culture <input type="checkbox"/>
Language at Home _____	Aboriginal Support Services <input type="checkbox"/>
Status in Canada	English Language Learner (ELL) <input type="checkbox"/>
Child Parent	French Immersion <input type="checkbox"/>
Canadian Citizen <input type="checkbox"/>	Special Education: <input type="checkbox"/>
Permanent Resident/ Landed Immigrant <input type="checkbox"/>	Designation _____
International Student <input type="checkbox"/>	My Child has an Individual Education Plan (IEP)
Student Visa <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	Was in an Alternate Program Y <input type="checkbox"/> N <input type="checkbox"/>
	Title _____

ABORIGINAL ANCESTRY INFORMATION			
Do you have Aboriginal Ancestry Y <input type="checkbox"/> N <input type="checkbox"/>			
If yes, would you like to receive Aboriginal Support Services? Y <input type="checkbox"/> N <input type="checkbox"/>			
Aboriginal Ancestry	Band of Origin	Band of Residence	
Status – Off Reserve <input type="checkbox"/>	0602 St. Mary's <input type="checkbox"/>	AQ'AM(St Mary's) <input type="checkbox"/>	
Status – On Reserve <input type="checkbox"/>	603 Tobacco Plains <input type="checkbox"/>	Tobacco Plains <input type="checkbox"/>	
Metis <input type="checkbox"/>	0604 ?AkisQ-Nuk 1 st Nations <input type="checkbox"/>		
Inuit <input type="checkbox"/>	Other _____ <input type="checkbox"/>	Other _____	
Non-Status <input type="checkbox"/>			
Status Card #: _____			

BC SPORTS
<i>Grade 8-12 Students Only</i>
All students participating in secondary athletics in School District 5 must be registered with BC School Sports. I authorize disclosure of my child's name, birth date, current grade, year my child entered Grade 8 and previous school to BC School Sports for registration purposes.
Signature _____

CONSENT FORMS WHICH ARE REQUIRED IF APPLICABLE
<input type="checkbox"/> Anti-Spam Legislation (required by all)
<input type="checkbox"/> Information and Technology (Internet) (required by all)
<input type="checkbox"/> Outside Media in Schools (required by all)
<input type="checkbox"/> Personal Information Consent (required by all)
<input type="checkbox"/> Release of Student Records from Previous School (required by all)
<input type="checkbox"/> Aboriginal Education Information (required by Aboriginal students)
<input type="checkbox"/> Bus Student Registration
<input type="checkbox"/> Curricular & Extra Curricular Travel (required as needed as per School District Administrative Procedures)
<input type="checkbox"/> Lockers (all middle/secondary students)
<input type="checkbox"/> Medical Alert Planning form/Request for Administration of Medication required as needed as per District Admin Procedures



School District 5 (Southeast Kootenay)
Student Registration Form
KOOTENAY ORCHARDS ELEMENTARY

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational programs and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact the District Administration Office (250-426-4201).

DECLARATION BY PARENT, LEGAL GUARDIAN, OR INDEPENDENT STUDENT

I hereby certify the foregoing information to be true, correct and complete.)

Signature _____

Date _____

ONLINE REGISTRATION INFORMATION

When registering your child, please note the following process:

1. Use the School Locator to determine your catchment school
2. Complete this fillable PDF form
3. Ensure that your registration to your catchment school
4. Please note that registration at school of choice is based on availability

Please contact the catchment school directly to make an appointment. You may then take the completed form and documentation into the school.

Once your online form is processed, the school will contact you regarding documentation. The following documents are required:

- ☐ Proof of birth date for the student (birth certificate or passport).
- ☐ Proof of guardianship (as shown on child's birth certificate, or other appropriate legal documentation such as landed immigrant document or guardianship order).
- ☐ Proof of citizenship for both the parent and student (Canadian Birth Certificate, Citizenship Card, Passport, Landed Immigrant Document, Permanent Resident Card, Enhanced Driver's License or Enhanced Identification Card).
- ☐ Proof of residence (e.g., ordinarily resident) of parent/guardian in BC (BC Driver's License, BC Services Card, BCID or BC Care Card of parent/legal guardian)

We do not recommend sending sensitive information or documents over email.

OFFICE USE ONLY

Date Received _____

Time Received _____

Grade _____ Home Room _____

Common SIs # _____

Consent Forms Received

- ☐ Anti-Spam Legislation (required by all)
- ☐ Information and Technology (Internet) (required by all)
- ☐ Outside Media in Schools (required by all)
- ☐ Personal Information Consent (required by all)
- ☐ Release of Student Records from Previous School (required by all)
- ☐ Aboriginal Education Information (required by Aboriginal students)
- ☐ Bus Student Registration
- ☐ Curricular & Extra Curricular Travel (required as needed as per School District Administrative Procedures)
- ☐ Lockers (all middle/secondary students)
- ☐ Medical Alert Planning form/Request for Administration of Medication (required as needed as per District Admin Procedures)

Transportation

Route Number _____ Bus Number _____ Stop Number _____

Stop Description _____



School District 5 (Southeast Kootenay)

Personal Information Consent

Kootenay Orchards Elementary

1301-20th Ave, Cranbrook, BC V1C 6N5

Phone: (250) 426-8551 Fax: (250) 426-8441 Email: koes.mailing@sd5.bc.ca

Student's Name: (Last) _____ (First) _____ Date: _____
(please print)

Schools and Districts are authorized to collect, use, and share student personal information that is directly related to and necessary for their educational functions. For other school or education-related purposes, parental or student consent is required.

The Board of Education of School District 5 Southeast Kootenay is seeking your consent to collect, keep, use and share photographs, videos, images, and/or names of students in a variety of publications and on the school or District's website(s) for education related purposes, such as recognizing and encouraging student achievement, building the school community, and informing others about school and District programs and activities. For example, student names, and/or images may be used or shared in: school and District communications, such as newsletters, yearbooks, brochures, and reports in limited or public circulation; school and District websites, social media sites (e.g. Facebook), and online video (e.g. YouTube), with limited or public access; videos, CDs, and DVDs designed for educational use only.

Please check **A OR B** (not both)

- A. _____ I GIVE MY CONSENT for the school or District to collect, use, and share my child's name and/or image for purposes consistent with the above. I understand that images and information posted on the internet may be stored and accessed outside of Canada. This consent may be withdrawn at any time in writing but withdrawal of consent does not require the school or District to take any steps to withdraw from publication any previously published material. Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.
- B. _____ I DO NOT CONSENT to the use and disclosure of my child's name and/or image for the above purposes for this school year.

Parent's Name: (Last) _____ (First) _____ Signature: _____
(please print)

Phone: _____ Email: _____

For Students (high school students only)

I consent to the school and District collecting, keeping, using, and sharing my image and name for educational purposes such as recognizing and encouraging student achievement, building school community, and informing others about the school and District, its programs, and activities.

Student Signature: _____

If you have questions about this notice or about the collection of student personal information, you may contact:

School District 5 (Southeast Kootenay)
Phone: 250-417-2055

School Use Only:

- ☐ Permissions Tab – Release of Info/Photos Outside of District (mark yes or no)
- ☐ This form must be sent out before September 30 of the next school year

**For parents/guardians who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.*



School District 5 (Southeast Kootenay)
Notice to Parents and Students: Outside Media in Schools
Kootenay Orchards Elementary

1301-20th Ave, Cranbrook, BC V1C 6N5

Phone: (250) 426-8551 Fax: (250) 426-8441 Email: koes.mailing@sd5.bc.ca

Student's Name: (Last) _____ (First) _____ Date: _____
 (please print)

Media (including radio, television, newspapers, and other print and online media) are sometimes permitted or invited to come to the school or to school activities and allowed to take photos or video or conduct interviews with students, for the purposes of promoting public understanding of school programs, building public support for public education, and encouraging student achievement.

Note that school and district staff cannot control news media access, photos/videos taken by the media or others in public locations (such as field trips or off school grounds) or school events open to the public, such as sports events, student performances, school board meetings, etc.

For Parents: I acknowledge receipt of this Notice. If I have questions, I will contact the School District at 250-417-2055

Parent's Signature

For Students: I acknowledge that I am primarily responsible for protection of my personal privacy while at school and at school activities and will take appropriate steps to do so.

Student's Signature

[AP 180](#) & [AP 146](#)

If you do not want your child to be involved in such activities, you need to:

- Tell your child to avoid these situations,
- Tell your child's teacher of your wishes,
- Complete and return the form on the **back of this page** to ask the school and school district to take reasonable steps to avoid this type of publication of your child's name, image, or personal information by outside media.

School Use Only:

- ☐ Place an Information Alert "No Outside Media" in MyEducation BC. This alert will expire at the end of the academic school year unless indicated on page 2.

Notice to School District 5 (Southeast Kootenay) re: Outside Media

NOTE: *To be completed only if you wish to register an objection to publication of your child's personal information by outside media at school events.*

I do not want my child's image or name published by outside media. I have told my child's teacher of my wishes. I **REQUEST** that the school district and its staff take all reasonable steps to avoid having my child's image or name collected or published by outside media when they are present in school or at school activities at the invitation of the school or school district. I **CONSENT** to disclosure by the school district or its staff of the personal information that is necessary to give effect to this request. I **MAY** choose to override this Notice by giving my consent in a specific circumstance. This request applies during the current school year unless I expressly revoke it or give consent to continue below.

Date: _____

Parent's Name: (Last) _____ (First) _____
(please print)

Parent/Guardian* Signature: _____

Parent/Guardian Contact Information

Phone: _____ Email: _____

For Students

I am aware of my parent's wishes as expressed above. I understand that I am primarily responsible for the protection of my own privacy at school and at school activities and will take appropriate steps to do so.

Student Signature: _____

*For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.

If you have questions about this notice or about the collection of student personal information, you may contact:
School District 5 (Southeast Kootenay)
940 Industrial Rd 1
Cranbrook, BC V1C 4C6
Phone: 250-417-2055

Confirmation to continue:

School Year

Parent Signature



School District 5 (Southeast Kootenay)
Information and Communication Technology and Technology Services
Student Use Agreement

Kootenay Orchards Elementary

1301-20th Ave, Cranbrook, BC V1C 6N5

Phone: (250) 426-8551 Fax: (250) 426-8441 Email: koes.mailing@sd5.bc.ca

I have read and understand [Administrative Procedure 140](#) (Acceptable Use of Information and Communication Technology and Technology Services). I know that the school and the School District do not control the content of the Internet. I further understand that if my child violates the school rules, he/she will be subject to disciplinary actions.

This Student Use Agreement includes Office 365, Destiny, Scholantis, MyEducation BC, myBlueprint and other educational platforms.

This form must be signed and returned to the school. Once this form has been received and placed on file, **it will be valid while your child is in the school**, unless you wish to terminate your child's access and privileges.

Student Name: _____

_____ I hereby authorize the school to allow the above-named child to access Information and Communication Technology and Technology Services. I acknowledge that should I wish to terminate my child's privileges; I must do so in writing to the school administration.

_____ I do not wish my child to have access to Information and Communication Technology and Technology Services.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

School Use Only:

☐ Permissions Tab -- Allow Internet Access (mark yes or no) in MyEducation BC



**School District 5 (Southeast Kootenay)
Request for Consent – Anti-Spam Legislation
Kootenay Orchards Elementary**

1301-20th Ave, Cranbrook, BC V1C 6N5

Phone: (250) 426-8551 Fax: (250) 426-8441 Email: koes.mailing@sd5.bc.ca

Canada's anti-spam legislation came into force on July 1, 2014. As a result, Kootenay Orchards Elementary would like to ensure that we have your consent to send you newsletters, announcements and other electronic messages which may contain advertising or promotions including field trips, fundraising, yearbooks, student pictures, dance tickets, or similar events and offers.

If you wish to receive the above communications from us, please do one of the following:

1. Complete the bottom of this form and return it to our school office.
2. Email our school secretary koes.mailing@sd5.bc.ca and confirm that you would like to continue receiving electronic information from the school.

You may withdraw your consent at any time by contacting our school secretary by calling (250) 426-8551 or emailing koes.mailing@sd5.bc.ca.

If you have any questions, please contact me at your convenience.

Carissa Hart
Principal, Kootenay Orchards Elementary
Phone: (250) 426-8551
Email: carissa.hart@sd5.bc.ca

Yes, I would like to continue receiving electronic information from the school, district, parent advisory council and district parent advisory council.

Name: _____
(please print)

Signature: _____

Name(s) of student(s): _____

Email: _____

Date: _____

School Use Only: